Warsaw,……………………………

 Date (yyyy-mm-dd))

………………………………………………………………………

Name and surname

………………………………………………………………………………………

Department

Mossakowski Medical Research Institute

Polish Academy of Sciences

I, the undersigned, declare that I have read:

1. The policies in **Laboratory of Advanced Microscopy Techniques.**
2. The detailed rules for the use of microscopes available in the laboratory
3. The rules of work safety

In every form of the publication containing data obtained from LLTM, I oblige to put the sentence: "**The studies were performed in Laboratory of Advanced Microscopy Techniques, Mossakowski Medical Research Institute Polish Academy of Sciences**. This information should be placed in the "Materials and Methods" or the footer.

……………………………………………..

Signature